

Summer Camp- Request for Care Form

Due to COVID-19, Summer Camp will be running at a reduced capacity this year.

Please read the following requirements before proceeding to fill out the Summer Camp Form.

- 1) Priority will be given in the following order: WFN Member employees' children, WFN Members who are currently employed **or** returning to work, then employees of WFN children.
- 2) Your child(ren) must be in the age range of **completed** Kindergarten to Grade 5 in order to attend.
- 3) This form must be filled out and sent to Emma Dovell (edovell@wfn.ca) **by no later than June 11, 2020** expressing your needs for your child(ren) attending Summer Camp. You may: scan the form OR take a picture of the form and email it in.
- 4) There will only be 10 spaces available each week.
- 5) Emma Dovell (Afterschool Program & Summer Camp Supervisor) will be contacting everyone by June 15th to confirm which dates your child has been allotted.

Child's Name (Please list each child requiring a space in Summer Camp) Note: Child must be in the age range of Kindergarten (must be completed Kindergarten) to Grade 5.	Please check which of the following applies:	Please select which dates your child will require care. Note: You are not guaranteed a spot in every date that you select.	Preferred Pickup & Drop Off Time (If you have no preference, please select all) Note: You are not guaranteed the time that you select, but we will do our best to accommodate your needs whenever possible.
1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> WFN Member employee Please list your job title here: _____ <input type="checkbox"/> WFN Member currently employed (or has a return to work date). Please list your place of employment here: _____ <input type="checkbox"/> WFN employee Please list your job title here: _____	<input type="checkbox"/> Monday June 29-Friday July 3, 2020 (closed July 1 st) <input type="checkbox"/> Monday July 6-Friday July 10,2020 <input type="checkbox"/> Monday July 13- Friday July 17, 2020 <input type="checkbox"/> Monday July 20- Friday July 24, 2020 <input type="checkbox"/> Monday July 27- Friday July 31, 2020 <input type="checkbox"/> Tuesday August 4- Friday August 7, 2020 <input type="checkbox"/> Monday August 10- Friday August 14,2020 <input type="checkbox"/> Monday August 17- Friday August 21,2020 <input type="checkbox"/> Monday August 24- Friday August 28, 2020	<input type="checkbox"/> Drop off: 8:00am Pickup: 4:00pm <input type="checkbox"/> Drop off: 8:30am Pickup: 4:30pm <input type="checkbox"/> Drop off: 9:00am Pickup: 5:00pm

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name (if applicable): _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

- Check this box confirming that you have read, understand and meet the above requirements.
- Check this box confirming that you have filled out the above form in its entirety.
- Check this box confirming that if you no longer require care on specific weeks that you have selected, you will let Emma Dovell know as soon as possible.
- If your child(ren) will only require care on specific days, please list the days here: _____

Date: _____

Parent/Guardian Signature: _____